

Filing at a Glance

Company: Argonaut Great Central Insurance Company

Product Name: Retail Grocers Program Named SERFF Tr Num: ARGN-125223068 State: Arkansas

Driver Exclusion

TOI: 20.0 Commerical Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025336

Sub-TOI: 20.0001 Business Auto

Co Tr Num: ND07F-234

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Llyweyia Rawlins

Author: Nila Davis

Disposition Date: 07-09-2007

Date Submitted: 07-03-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07-09-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 07-09-2007

General Information

Project Name: Retail Grocers Program Named Driver Exclusion

Project Number: ND07F-234

Status of Filing in Domicile: Authorized

Domicile Status Comments: Illinois, our state of domicile, approved AG 1002 (8-04) Driver Exclusion Endorsement effective 8-1-2004.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-09-2007

State Status Changed: 07-05-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are amending our currently approved Commercial Auto / Business Auto filing to include a Driver Exclusion Endorsement. This will be an optional endorsement used to exclude a specific driver from the policy.

Company and Contact

Filing Contact Information

Nila Davis, Senior Regulatory Analyst

ndavis@argonautgroup.com

3625 N. Sheridan Road

(877) 769-5953 [Phone]

Peoria, IL 61633

(309) 688-4780[FAX]

Filing Company Information

Argonaut Great Central Insurance Company

CoCode: 19860

State of Domicile: Illinois

3625 N. Sheridan Road

Group Code: 457

Company Type: Commercial LInes

Peoria, IL 61633

Group Name:

State ID Number:

(877) 769-5953 ext. [Phone]

FEIN Number: 37-0301640

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: one form
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
6040012	\$50.00	07-03-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-09-2007	07-09-2007

Disposition

Disposition Date: 07-09-2007

Effective Date (New): 07-09-2007

Effective Date (Renewal): 07-09-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Explanatory Memorandum	Approved	Yes
Form	Driver Exclusion Endorsement	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Driver Exclusion Endorsement	AG 1002	8-04	Endorseme New nt/Amendm ent/Condi tions		0.00	AG_1002_8-04.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DRIVER EXCLUSION ENDORSEMENT

This endorsement modifies Insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Nothing herein contained shall be held to alter, vary, waive or extend any of the terms, conditions agreements or limitations of the policy to which this endorsement applies other than as stated below:

In consideration of the premium at which the policy is written, it is agreed that the Company shall not be liable and no liability or obligation of any kind shall attach to the Company for losses or damages sustained while any covered "auto" or any other motor vehicle is driven or operated by the excluded driver(s) specified below:

POLICY NUMBER:

EFFECTIVE DATE OF ENDORSEMENT:

EXCLUDED DRIVER(S):

ACCEPTED BY:

Signature of Named Insured

Date Signed

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	07-09-2007
Comments:			
Attachment:			
AR Transmittal.pdf			
		Review Status:	
Satisfied -Name:	Form Explanatory Memorandum	Approved	07-09-2007
Comments:			
Attachment:			
Forms Explanatory Memorandum.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)				
10.	Sub-Type of Insurance (Sub-TOI)				
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)				
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:		Renewal:	
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing				
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<table border="1"><tr><td>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</td></tr></table>	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

RETAIL GROCERS PROGRAM

AUTO FORM EXPLANATORY MEMORANDUM

We are amending our currently approved Retail Grocers Program Commercial Auto filing to include a Driver Exclusion Endorsement. This will be an optional endorsement used to exclude a specific driver from the policy.

Our auto program is an ISO program, with limited rate/rule exceptions and only a few independent forms. The most current editions of the ISO auto forms that have been approved are used on a state by state basis. The following is the only change to our currently approved Commercial Auto filing.

AG 1002 (8-04) Driver Exclusion Endorsement

This is an optional form to be used to exclude a specific driver from the policy.